

Skin Care Consultation Form

Guest Name _____

Esthetician _____

Date _____



Please complete the following questions before receiving your Éminence treatment:

1) What is your skin type? *Select all that apply*

Dry Oily Normal Combination Sensitive

2) What are your skin care concerns and/or what would you like to prevent? *Select all that apply*

Aging Hyperpigmentation Sensitivity Redness / Rosacea Acne / Breakouts

3) When was your last facial treatment? _____

4) What is your skincare routine at home? *Select all that apply*

Cleanse Tone Exfoliate Serum / Concentrate / Oils Masque
Moisturize Eye Care Lip Care SPF Protection Body Care

5) Do you prefer a foamy, milky or oil cleanser? *Select one*

Foamy Milky Oil

6) Do you prefer a gentle or active exfoliant? *Select one*

Gentle Active

7) Do you prefer a matte, medium or dewy moisturizer? *Select one*

Matte Medium Dewy

8) Do you have any allergies? _____

9) Please list any medications, skin care supplements or any treatments that could make your skin more sensitive / reactive (eg. Retin-A, AccuTane, chemical peel, laser hair removal, etc.)



ÉMINENCE
ORGANIC SKIN CARE
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info@eminenceorganics.com • www.eminenceorganics.com

